

U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF

MICHAEL A. JOY

COURT CASE NUMBER

07-405-JJF

DEFENDANT

HEALTH CARE C.M.S. E.T. ALL

TYPE OF PROCESS

C

SERVE



NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

HEALTH CARE C.M.S.

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

AT

1201 COLLEGE PARK DR. SUITE 101 DOVER, DE 19904

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

MICHAEL A. JOY SBI#519040
 H.R.V.C.I P.O. BOX 9561
 W.L.M. DE 19809

Number of process to be served with this Form - 285	1
Number of parties to be served in this case	2
Check for service on U.S.A.	<input checked="" type="checkbox"/>

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold

(302) - 674-8281
 (302) - 674-3693

Fold

FORMA PAUPERIS

Signature of Attorney or other Originator requesting service on behalf of:

PLAINTIFF
 DEFENDANT

TELEPHONE NUMBER

DATE

3/11/08

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINEI acknowledge receipt for the total number of process indicated.
(Sign only first USM 285 if more than one USM 285 is submitted)Total Process
District of Origin
No. 15District to Serve
No. 15

Signature of Authorized USMS Deputy or Clerk

Date

5-21-08

I hereby certify and return that have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below. I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

MARIE SLACK, Admin. Asst.

A person of suitable age and discretion then residing in the defendant's usual place of abode.

Address (complete only if different than shown above)

1201 College Park Dr.
Suite 102, Dover, DE 19904

Date of Service Time

5/28 12:35 pm

Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund

REMARKS:

4.8 miles

CLERK, U.S. DISTRICT COURT
DISTRICT OF DELAWARE
FILED
2008 MAY 30 AM
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